## **Application Data Sh et**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: DATA LINK TESTER

Attorney Docket Number:: 65856-0055

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 8

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jack

Middle Name:: D.

Family Name:: Patterson
City of Residence:: Kalamazoo

State or Province of Residence:: MI

Country of Residence:: US

Street of mailing address:: 3402 North 26th Street

City of mailing address:: Kalamazoo

State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 49048

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Matthew

Middle Name::

W.

Family Name::

Starks

City of Residence::

Burlington

State or Province of Residence::

MI

Country of Residence::

US

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City of mailing address::

Burlington

State or Province of mailing address::

MΙ

Postal or Zip Code of mailing address::

49029

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity
Steven

Given Name::

L.

Middle Name:: Family Name::

Melvin

City of Residence::

Scotts

State or Province of Residence::

МІ

Country of Residence::

US

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10481 Tomkinson Drive

City of mailing address::

Scotts

State or Province of mailing address::

MΙ

Postal or Zip Code of mailing address::

49008

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name:: Kevin

Middle Name:: D.

Family Name:: Snow

City of Residence:: Augusta

State or Province of Residence:: MI

Country of Residence:: US

Street of mailing address:: 16810 East DE Avenue

City of mailing address:: Augusta

State or Province of mailing address:: MI

Postal or Zip Code of mailing address:: 49012

**Correspondence Information** 

Correspondence Customer Number:: 10291

Representative Information

Representative Customer Number:: 10291

**Assignee Information** 

Assignee name:: Eaton Corporation (HG)

Street of mailing address:: Eaton Center

1111 Superior Avenue

City of mailing address:: Cleveland

State or Province of mailing address:: OH

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